

GOVERNMENT OF KARNATAKA



# **INSPECTION MANNUAL**

## **HEALTH & FAMILY WELFARE DEPARTMENT**

DIRECTORATE & HEALTH & FAMILY WELFARE  
ANANDA RAO CIRCLE, BANGALORE - 9

November 2000



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No.FMC/2/ 2000-01

Directorate of Health & FW Services  
Ananda Rao Circle, Bangalore - 9.  
Date : 6-11-2000

## INSPECTIONS

The Inspections conducted by Senior Officials of the Directorate of Health Family Welfare Dept., at the State level, Divisional, District, Taluka, PHC and Subcentre levels had virtually ceased since 1987 after the ZP came into existence.

As a result, though the senior Officials of the Department continued their efforts to streamline the administration by checking irregularities and deficiencies, during their inspections and visits, the overall impact of such endeavours was far from satisfactory. Having continued in this way thus far, with no improvement in the work environment and performance of the health care delivery establishments, the Commissioner of Health & Family Welfare, in his letter No.AaKuKa : Ayuktaru: 280:99-2000 dated 23-1-2000, initiated the formation of a committee to revive the previously existent inspections with the newly designed inspection schedules/ checklists for stringent enforcement henceforth.

Accordingly, a committee was constituted comprising of : Dr. G. V. Nagaraj, Project Director (RCH) as Chairman and Dr. K.B. Makapur, Director, SIHFW, Dr. C.S. Siddegowda, Health Officer, BMNP., Dr. S. B. Kurthakoti, Additional Director, HE&T, Dr. M.V. Murugendrappa, Additional Director PHC., and Dr. M. Naina Rani, Dy.Director, Management, SIHFW., as members.

The committee had met several times and discussed issues relating to a system of inspections in the department. Thereafter, the annual inspection schedules and checklists were designed and formatted.

The checklists and annual schedules that were in vogue earlier were scrutinised thoroughly and then updated, revised and redesigned for achieving the desired objectives.

It was felt that adequate quantities of these formats be provided at all times to ensure continuity in the processes and feedback mechanism with no impediments for data flow at all levels on a timely basis.

The committee also felt that a calendar of events be fixed and finalised and an action - plan for the above activities be sent in advance to all the concerned officials for enhanced planning regarding these activities.

After a detailed examination, the Commissioner, HFW., Sri. Sanjay Kaul, IAS., has strongly recommended to the Govt. for issue of the orders for bringing a system of inspection in the Department.

Accordingly, Govt. has issued orders in the **G.O.No.HFW 540 AYOSOM 2000 Bangalore Dt. 3-11-2000** for implementation of the system of Inspections of various Medical and Health Institutions including Offices.

Therefore, the system of Inspections should be implemented vigorously by all the concerned.

Director (Additional Charge)  
Health and Family Welfare  
Karnataka, Bangalore

6-11-2000







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ವಿಷಯ: ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯು  
ನಿರ್ದೇಶನಾಲಯದಲ್ಲಿ ತಪಾಸಣೆ: ಪರಿವೀಕ್ಷಣೆಗೆ  
ಸಂಬಂಧಿಸಿದಂತೆ, ಪ್ರಪತ್ರವನ್ನು ರವಾನಿಸುವ ಬಗ್ಗೆ  
ಸರ್ಕಾರದ ಅನುಮೋದನೆ.

ಉಲ್ಲೇಖ: ಆ ಸರ್ಕಾರಿ ಪತ್ರ ಸಂ.ಎಫ್‌ಎಂ:2:2000-01, ದಿ.16.9.2000  
ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು,  
ಬೆಂಗಳೂರು.

೦೦

ಓದಲಾಗಿದೆ:

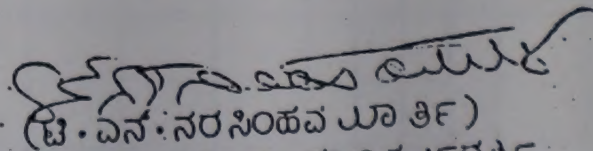
ಮೇಲೆ ಓದಲಾದ ಆಯುಕ್ತರ ಪತ್ರದಲ್ಲಿ ಇಲಾಖೆಯ ಹಿರಿಯ ಅಧಿಕಾರಿಗಳು, ಅವರ  
ಕಾರ್ಯವ್ಯಾಪ್ತಿ ಅಡಿಯಲ್ಲಿ ಬರುವ ಅಧೀನ ಕಛೇರಿಗಳು: ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು:  
ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು: ಪ್ರಸೂತಿ ಗೃಹಗಳು: ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆಗಳು,  
ರಾಜ್ಯದ ಪ್ರಮುಖ ಆಸ್ಪತ್ರೆಗಳು ಇವುಗಳ ತ್ರೈಮಾಸಿಕ: ಅರ್ಧವಾರ್ಷಿಕ: ವಾರ್ಷಿಕ ಹಾಗೂ ಅನಿರೀಕ್ಷಿತ  
ತಪಾಸಣೆ ಮಾಡಿ ಪದಿ ಸಲ್ಲಿಸುವ ಸಲುವಾಗಿ ಪರಿವೀಕ್ಷಣೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಪ್ರಪತ್ರಗಳನ್ನು (ತಡೆಪಟ್ಟು)  
ತಯಾರಿಸಿ, ಸರ್ಕಾರದ ಅನುಮೋದನೆ ಕೋರಿ, ಪ್ರಸ್ತಾವನೆ ಕಳುಹಿಸಿರುತ್ತಾರೆ.

ಸರ್ಕಾರವು ನದರಿ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಪರಿಶೀಲಿಸಿರುತ್ತದೆ. ಆದೇಶವು ಈ ಕೆಳಕಂಡಂತೆ  
ಇದೆ.

ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 540 ಆರೋಗ್ಯ ಸಂ 2000 ಬೆಂಗಳೂರು ದಿನಾಂಕ: 3.11.2000

ಮೇಲಿನ ಪ್ರಸ್ತಾವನೆಯಲ್ಲಿ ವಿವರಿಸಿರುವ ಸನ್ನಿವೇಶದಲ್ಲಿ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ  
ಕಲ್ಯಾಣ ಸೇವೆಗಳ ಇಲಾಖೆಯ ಕಾರ್ಯವ್ಯಾಪ್ತಿಯಲ್ಲಿನ ಅಧೀನ ಆಡಳಿತ ಕಛೇರಿಗಳು: ರಾಜ್ಯದಲ್ಲಿನ  
ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು, ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು, ಪ್ರಸೂತಿ  
ಗೃಹಗಳು, ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆಗಳು ಹಾಗೂ ರಾಜ್ಯದ ಪ್ರಮುಖ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಇಲಾಖಾ  
ಅಧಿಕಾರಿಗಳು, ತ್ರೈಮಾಸಿಕ: ಅರ್ಧವಾರ್ಷಿಕ ಹಾಗೂ ವಾರ್ಷಿಕ ತಪಾಸಣೆ ಹಾಗೂ ಅನಿರೀಕ್ಷಿತ  
ಪರಿವೀಕ್ಷಣೆ ಮಾಡಲು ಅನುಬಂಧದಲ್ಲಿನ ಪ್ರಪತ್ರಗಳನ್ನು ಈ ಕೂಡಲೇ ಜಾರಿಗೆ ಬರಬಹುದೆಂದು ಹಾಡುವ  
ಮುಂದಿನ ಆದೇಶದವರೆಗೆ ಉಪಯೋಗಿಸಲು ಸರ್ಕಾರವು ಅನುಮೋದನೆಯನ್ನು ನೀಡಿದೆ.

ಕರ್ನಾಟಕ ರಾಜ್ಯಪಾಲರ ಆದೇಶಾನುಸಾರ  
ಮತ್ತು ಅವರ ಹೆಸರಿನಲ್ಲಿ,

  
(ಬಿ.ಎನ್.ನರಸಿಂಹಮೂರ್ತಿ)

ಸರ್ಕಾರದ ಅಧೀನ ಕಾರ್ಯದರ್ಶಿ,  
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ  
(ಆರೋಗ್ಯ)

ಗಿ

- 1) ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಬೆಂಗಳೂರು
- 2) ಅಧ್ಯಕ್ಷರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಕಾರ್ಯಪಡೆ,
- 3) ಕರ್ನಾಟಕ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಆವರಣ, ಬೆಂಗಳೂರು-1
- 4) ಆರೋಗ್ಯ ಸಾಂಸ್ಥಿಕ ಅಧಿಕಾರಿಗಳು, ಕೆಡ್‌ಪಟ್ಟಣ, ಬೆಂಗಳೂರು.
- 5) ಆರೋಗ್ಯ ಸಾಂಸ್ಥಿಕ ಅಧಿಕಾರಿಗಳು, ಕೆಡ್‌ಪಟ್ಟಣ, ಬೆಂಗಳೂರು.
- 6) ಆರೋಗ್ಯ ಸಾಂಸ್ಥಿಕ ಅಧಿಕಾರಿಗಳು, ಕೆಡ್‌ಪಟ್ಟಣ, ಬೆಂಗಳೂರು.
- 7) ಆರೋಗ್ಯ ಸಾಂಸ್ಥಿಕ ಅಧಿಕಾರಿಗಳು, ಕೆಡ್‌ಪಟ್ಟಣ, ಬೆಂಗಳೂರು.
- 8) ಆರೋಗ್ಯ ಸಾಂಸ್ಥಿಕ ಅಧಿಕಾರಿಗಳು, ಕೆಡ್‌ಪಟ್ಟಣ, ಬೆಂಗಳೂರು.

- ಪ್ರತಿ: 1) ಇಲಾಖೆಯ ಆಂತರಿಕ ಆರ್ಥಿಕ ಸಲಹೆಗಾರರು,  
2) ಉಪ ಕಾರ್ಯದರ್ಶಿಗಳು, 1 ಮತ್ತು 2  
3) ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳ ಆಪ್ತ ಕಾರ್ಯದರ್ಶಿಯವರಿಗೆ  
4) ಶಾಖಾ ರಕ್ಷಾ ಕಡತ: ಹೆಚ್ಚುವರಿ ಪ್ರತಿಗಳು.







		VIB/VLD	W/O (27)	(27)	Resps. (10)	(252)	ICs (3)	(10)	(4)	(19)	10/6	8143	(31)	(14)	(26)	Insts.	(200)	(27)
1	COMMISSIONER, H & FW																	
	A. Detailed Annual	DJDO-01	2	1	1	2	1	-	-	-	4	2	-	-	1	1	1	1
	B. Cursory	JDTBO-01	1	1	-	1	-	-	-	-	1	1	-	-	-	-	1	-
	C. Surprise	JDTBO-01	1	1	-	2	-	-	-	-	1	1	-	-	-	-	2	-
2	DIRECTOR, H & FWS																	
	A. Detailed Annual		2	1	1	2	1	1	1	-	4	2	1	-	1	1	1	1
	B. Cursory	DJDO-01	1	1	-	1	1	1	1	-	1	1	-	-	-	-	1	1
	C. Surprise	DJDO-01	1	1	-	1	1	1	1	-	1	1	-	-	-	-	1	1
3	PROJECT DIRECTOR (RCH)																	
	A. Detailed Annual	DJDO-01	8	1	1	2	1	1	2	2	8	10	-	-	1	1	10	8
	B. Cursory	DJDO-01	2	1	-	1	1	1	1	1	4	4	-	-	-	-	6	6
	C. Surprise	DJDO-01	2	1	-	1	1	1	1	1	4	4	-	-	-	-	6	6
4	ADDITIONAL DIRECTORS-3																	
	(i) HET																	
	A. Detailed Annual		4	1	1	2	2	1	1	3	4	10	-	-	-	-	-	2
	B. Cursory	DJDO-01	2	1	-	1	1	1	1	2	1	1	-	-	-	-	-	2
	C. Surprise	DJDO-01	2	1	-	1	1	1	1	2	1	1	-	-	-	-	-	3
	(ii) PHC																	
	A. Detailed Annual	JDTBO-01 DJDO-01	4	1	2	4	-	1	-	1	15	10	1	1	1	1	-	-
	B. Cursory	PHIO-01 DJDO-01	2		1	4	-	-	-	-	9	25	2	-	1	1	-	8
	C. Surprise	PHIO-01 DJDO-01	2		1	4	-	-	-	-	9	25	2	-	1	1	-	9
	(iii) CMD																	
	A. Detailed Annual	VLD-01	3	-	1	2	-	1	-	-	12	10	4	-	-	4	EDH-1	10
	B. Cursory	VID	1	-	-	2	-	-	-	-	8	2	2	-	-	-	-	-
	C. Surprise	VID	2	-	-	3	-	-	-	-	8	2	2	-	-	-	-	-
5	DIVISIONAL JOINT DIRECTORS																	
	1. Gulbarga		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A. Detailed Annual		4	4	-	10	-	3	-	2	15	15	-	-	-	-	-	1
	B. Cursory		2	2	1	5	-	2	6	2	-	20	-	-	-	-	-	-
	C. Surprise		2	2	1	5	-	2	6	2	-	20	-	-	-	-	-	-



		VIB/VLD	(27)	(27)	(10)	(252)	(10)	(4)	(19)	(15)	(31)	(14)	(200)		
2. elgaum															
1. Detailed Annual			4	4	-	10	3		2	15	15	-	-	-	2
B. Cursory			2	2	1	5	2	6	2	-	20	-	-	-	-
C. Surprise			2	2	1	5	2	6	2	-	20	-	-	-	-
3. Mysore															
1. Detailed Annual			4	4	-	10	3	-	2	15	15	-	-	-	-
B. Cursory			2	2	1	5	2	6	2	-	20	-	-	-	-
C. Surprise			2	2	1	5	2	6	2	-	20	-	-	-	-
4. Bangalore															
1. Detailed Annual			4	4	-	10	3	-	2	15	15	-	-	-	-
B. Cursory			2	2	1	5	2	6	2	-	20	-	-	-	-
C. Surprise			2	2	1	5	2	6	2	-	20	-	-	-	-
6															
JOINT DIRECTORS															
1. RCH															
1. Detailed Annual			1	1	-	2	-	-	-	12	-	-	-	-	-
B. Cursory			1	1	1	4	-	-	-	12	12	-	-	-	7
C. Surprise			1	1	1	4	-	-	-	-	12	-	-	-	8
2. CMD															
1. Detailed Annual		VLD	1	1	1	2	1	-	1	15	4	1	1	1	-
B. Cursory		VLD	1	1	-	2	-	2	5	2	4	-	-	-	-
C. Surprise		VLD	1	1	-	3	-	2	5	2	4	-	-	-	-
3. HET															
1. Detailed Annual			1	1	-	2	4	-	4	12	4	1	1	2	2
B. Cursory			-	-	-	2	2		5	5	2	-	1	1	1
C. Surprise			-	-	-	2	2		5	5	2	-	-	-	-
4. Medical															
1. Detailed Annual			2	1	-	2	-	-	-	2	-	-	-	1	-
B. Cursory			1	5	2	2	-	-	-	-	-	-	-	-	2
C. Surprise			1	5	2	2	-	-	-	-	-	-	-	-	2
5. Ophth.															
1. Detailed Annual			-	2	1	2	-	-	-	-	-	-	-	-	-
B. Cursory			1	1	-	-	-	-	-	-	-	-	-	-	-
C. Surprise			1	1	-	-	-	-	-	-	-	-	-	-	-
6. TB															
1. Detailed Annual			1	1	-	2	-	-	-	-	-	-	-	-	-
B. Cursory			-	-	-	-	-	-	-	-	-	-	-	-	-
C. Surprise			-	-	-	-	-	-	-	-	-	-	-	-	-



















**CHECK LIST FOR  
ANNUAL INSPECTION OF  
HEALTH & FAMILY WELFARE DEPARTMENT  
OFFICES/HOSPITALS & OTHER HEALTH CARE DELIVERY  
INSTITUTIONS/VACCINE INSTITUTES, SURVEILLANCE CENTRES  
& TRAINING CENTRES OF THE STATE**

1. *NAME OF THE INSTITUTION:*

- i) Taluk
- ii) District

2. <i>DATE OF INSPECTION:</i>	<i>TIME OF COMMENCEMENT</i>	<i>TIME OF CLOSING</i>
-------------------------------	---------------------------------	----------------------------

3. *NAME & DESIGNATION OF THE INSPECTING OFFICER:*  
Minimum time required for proper inspections, physical varification and discussion :  
6 to 8 hours or more depending on the size of the institution and transaction.

**I GENERAL:**

Details of the Last Annual Inspection:

- 1. Date :
- 2. Name & Designation of the Inspecting Officer:
- 3. Names of the Officers -in -charge since last inspection with date:

- 
- 
- 
- 

4. What were the important observations made in the previous inspection?

- 
- 
-



5. Whether action has been taken on each previous observation and its outcome?

If "No" give reasons:

•

---

•

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•

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## II CURRENT INSPECTION DETAILS:

1. Is the prescribed "Minute Book" maintained & recorded periodically? Has adeq action & follow-up on the minutes taken promptly?

YES / NO /

2. If "No" reasons for same:

•

---

•

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•

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## III STAFF:

1) Details :

• Training Status

• Qualifications and speciality

1) Whether any sanctioned posts are vacant since the previous year?

YES /

2) If yes, whether action had been initiated by the head of the institution to fill these?

YES / NO



3) \* List to be collected of the following:

i) Post sanctioned under various budget heads

• Categories :

ii) Incumbents in position

iii) Vacancies ..... date from which post had been vacant (\* This list is to be enclosed with the Annual Inspection Report)

4) Are there any cases of unauthorised absence ?

YES / NO

i) If "Yes" how many were on unauthorised absence

ii) Whether any action has been initiated

YES / NO

iii) If "Yes" details should be noted chronologically in a separate statement.

#### IV FACILITIES:

1. Building :

i) Whether the building is own ?

YES / NO

• If "Yes" whether concerned documents are in possession and maintained

• If "No" details of the present building

a) Whether donated

b) On rent

c) Temporarily provided by the community

d) Who maintains property documents, register ?

ii) Year in which it was established?

iii) Whether the building has a compound wall ?

YES / NO

If 'No' whether the building fixed by revenue authorities ?

iv) What is the condition of the building?

a) Good

b) Bad

c) Poor

v) When were the last annual repairs of the building undertaken?

a) Whether adequate budget available for repairs. If not, how to get it repaired ?

b) Any additions/ alterations required?

YES / NO



c) Any portion of the building still under construction and since when ?

If 'Yes' when will it be complete ?

vi) Whether building is adequate for services?

vii) Whether building and surroundings are clean?

(a) List of Residential accommodation.

Name & Designation of officers	Rental / free	Occupied / not occupied
--------------------------------	---------------	-------------------------

If 'Not Occupied' reasons and action taken to occupy.

Total Rentals expected	Recovered	Not Recovered
------------------------	-----------	---------------

Reasons for Not recovering

viii) How is the Hospital Waste disposed at present?

- a) Land filling
- b) Deep burial after disinfection
- c) Incineration

ix) Are the colour coded disposal bins supplied?

## 2) Bed Strength :

- I) Male Ward: Surgical \_\_\_\_\_ beds  
Medical \_\_\_\_\_ beds Others \_\_\_\_\_ beds
- ii) Female Ward: Surgical \_\_\_\_\_ beds, Medical \_\_\_\_\_ beds
- iii) Maternity Ward: General \_\_\_\_\_ beds.
- iv) Children : General \_\_\_\_\_ beds.
- v) Special Wards \_\_\_\_\_ beds.
- vi) Other categories (specify) : a) \_\_\_\_\_ (beds) b) \_\_\_\_\_ (beds)  
c) \_\_\_\_\_ (beds) d) \_\_\_\_\_ (beds)

vii) Are instruments/ equipment/ beds and linen are inadequate or have been replaced (missing or broken)? What action has been taken so far ? Enumerate priority list of things immediately needed.



- a) Instruments
- b) Equipment's
- c) Bed and Linen

viii) Whether stock book has been properly maintained ---ward-wise/room-wise?

- a) Instruments YES / NO b) Beds & Linen YES / NO
- c) Furniture YES / NO

### 3. Physical facilities: Water, Electricity & Drainage :

i) Whether institution has adequate water-supply?

YES / NO

ii) What is the source:

a) Well

● Protected

● Unprotected

b) Tap

c) Bore-well

d) Bore-well with pump

iii) Is there a good drainage system?

YES / NO

iv) Is there electric facility available in all the areas?

YES / NO

v) Is there any alternate source of electricity (generator etc)?

YES / NO

vi) Is there a telephone provided ?

YES / NO

Action already initiated to correct the difficulties. Suggestion made to set right the difficiencies

### 4. Equipment & Instruments:

I. Does the institution have the essential equipment in adequate quantity and in working condition for conducting :

a) Deliveries ( eg., Mackintosh, Kelly's pad, bucket, resuscitation kit, suction apparatus, mucus sucker, baby table with lamp/heater, baby weighing machine)

YES / NO / NA

b) Tubectomy : ☒ Minilap :

☒ Laparoscopic:

YES / NO / NA

c) Vasectomy : ☒ Conventional :

☒ NSV:

YES / NO / NA

d) M.T.P.

YES / NO / NA



e) Other Surgical Operations : specify

f) I.U.D.

YES / NO

g) Post- Mortem

YES / NO

● Is there a mortuary ?

YES / NO

● Is there a morgue ?

YES / NO

h) Immunisation----Cold-chain Equipment :

: ILR : Working

YES / NO

: Deep Freezer : Working

YES / NO

: Walk-in-cooler : Working

YES / NO

: Voltage Stabilizer : Working

YES / NO

6. Operation- Theatre:

1.	Location:	a) Good (not adjacent to an infective room)	b) Bad (when located next to a ward/ toilet)
2.	Whether it is according to the approved plan ?		
3.	How many O.T.s are present? _____.		
	a) No. of O.Ts functioning _____.		
	b) No. of O.Ts not functioning _____ & since when? _____.		
4.	When was fumigation last done in each of the O.Ts?		
5.	Do the O.Ts have the required Anaesthetic Equipment?		
6.	Is there a Central Sterilising Unit?		
	If "Yes" is it functioning at present ?		
7.	Have indent for equipment and instruments for O.T. placed last year?		
8.	Any body is entrusted with the maintenance of OT register ?		



9.	Is Oxygen being supplied regularly ?	YES / No
10.	If instruments/equipments/beds & linen are inadequate or to be replaced(missing or broken) what action has been taken?	
11.	Whether main stock book and sub stores stock have been properly maintained or not ---ward-wise/room-wise: YES / NO i) instruments YES / NO ii) beds/ linen YES / NO iii) furniture YES / NO	

7. Is the satisfactory accommodation for
- a) Duty Doctors retiring room YES / NO / NA
- b) Nurses retiring room YES / NO / NA
- c) Storing condemned linen equipment etc., YES / NO / NA

8. Details of Staff Residential quarters :
- | <i>Available</i>  | <i>Occupied/Unoccupied</i> | <i>Not available</i>          |
|---|----------------------------|-------------------------------|
| a) Existing & fit for occupation  |                            | Under                         |
| b) Existing but unfit for occupation<br>(lack of amenities/ repairs required) |                            | construction /<br>not planned |
| (i) Medical Officers  |                            |                               |
| (ii) No. of nursing staff   |                            |                               |
| (iii) No. of others   |                            |                               |
| (iv) No. of Govt. quarters are on rental basis                                |                            |                               |
| (v) How many are free quarters ?  |                            |                               |
| (vi) What is the total rent expected ?  |                            |                               |
| (vii) What is the total rent collected ?                                      |                            |                               |

9. Is there a dressing room ?
- YES / NO / NA
- a) Is it adequately equipped ?
- b) Is it clean ?

10. Family Planning :
- I) Does the institution have a Post Partum Centre ?
- YES / NO / NA
- a) Whether the rooms of the PPC are used for the specified purpose ?
- YES / NO / NA



b) Whether the furniture and equipment are positioned as specified ?

YES / NO

c) Whether the institution has separate beds for Family Planning?

YES / NO

If "Yes" how many ?

5. VEHICLE:

i) No. of vehicles -

a) Diesel .....

b) Petrol.....

ii) No. of vehicles on road :

iii) No. of vehicles under repairs/condemned and what action has been taken ?

iv) Whether appropriate action has been initiated

YES / NO

(a) If Yes, when            dd    mm    yy

(b) If No, reasons for the same.

v) Type of vehicles:

vi) Is the log-book maintained properly & checked regularly ?

YES /

vii) Whether the vehicles are currently covered by Insurance ?

YES /

viii) Whether the drivers have a valid current license ?

YES /

(a) Any vehicle met with an accident?

When and what actions taken.

YES /

ix) Is there a garage for parking the vehicle?

YES /

ix) Whether the vehicle/s are registered under the name of the institutional heads ?

If 'No' reasons for same and what action has been initiated ?

YES /



x) Whether the vehicle has been provided by GOI and GOK or by any externally- aided projects.

xi) Whether the vehicle had been deputed to other departments or ZPs ?

YES / NÓ

If "Yes" a) Where

b) When	Name of the Officer/Department Under whose custody it was / is	From dd mm yy	To dd mm yy
(1)			
(2)			
(3)			

xii) Is there a Driver without a vehicle ?

YES / NO

xii) Is there a Vehicle without a Driver ?

YES / NO

xiii) Whether an ambulance has been provided ?

YES / NO

xiv) If " Yes " what was the rate charged during this financial year ?

\_\_\_\_\_

(a) Whether POL consumption worked out for each vehicle ?

(b) Is there any vehicle consuming more POL due to age of the vehicle ?

## 6. Audio-Visual Aids :

- O. H. P with screen YES / NO If Yes, No.of times used during this year \_\_\_\_\_
- Slides / strip projector YES / NO If Yes, No.of times used during this year \_\_\_\_\_
- Public Address System YES / NO If Yes, No.of times used during this year \_\_\_\_\_
- No. of Video-Cassettes provided \_\_\_\_\_  
If Yes, No. of times used during this year \_\_\_\_\_
- Any others specify----- TV, Tape Recorder, Radio, V.C.R etc
- Has a mass-media vehicle been provided for I.E.C. activities?

YES / NO / NA



7. Library:

i) Is there a library in the institution?

YES / NO /

ii) Is there a librarian posted in the library?

YES / NO /

iii) No. of books in the library? -----

iv) Whether the books are properly maintained & accounted?

YES / NO /

v) Whether subscribing to important periodicals and journals ?

YES / NO /

If "Yes" name them :vi)Any additions to the library during the year?

8. LABORATORY:

i) Is there a laboratory ?

YES / NO /

a) Clinical :

YES / NO /

b) Pathological :

YES / NO /

c) Bacteriological :

YES / NO /

ii) Is there a trained laboratory technician?

YES / NO /

iii) Is the laboratory functioning effectively?

YES / NO /

iv) If "No" reasons for same:

v) Is it adequately equipped to conduct routine bed-side investigations on a daily basis?

YES / NO /

vi) Are the following provided and in working condition now?

a) Microscope

YES / NO /



- b) Westegren's tubes (ESR) YES / NO / NA
- c) Test tubes YES / NO / NA
- d) Sahli's Haemoglobinometer YES / NO / NA
- e) Glass slides / Cover slips YES / NO / NA
- f) Centrifuge YES / NO / NA
- g) Reagents / Stains YES / NO / NA
- vii) How is the laboratory waste disposed? YES / NO / NA
- Colour coded bin ? YES / NO / NA
- Deep burial? YES / NO / NA
- Land-filling? YES / NO / NA
- Thrown Out-of-the window YES / NO / NA
- viii) Daily performance chart maintained YES / NO / NA
- Any backlog of blood smears YES / NO / NA
- If "Yes" What action has been taken ? YES / NO / NA
- ix) Whether a Blood Bank is present ? YES / NO / NA
- a) Whether licensed ? YES / NO / NA
- b) Whether functional ? YES / NO / NA

**V INSTITUTIONAL PERFORMANCE : A: OUT-PATIENT:**

1. a) Daily average attendance in the O.P.D. during the current year

M F C

b) Last financial year

M F C

c) Year before last year

M F C

2. Reason/s for variations if any: \_\_\_\_\_



3. What were the most common diseases observed during the previous year?

a)-----b)-----c)-----d)-----

4. What extra facilities are required to the institution for treating such cases?

a)-----b)-----c)-----

5. No. of outpatient cases treated due to

a)Accidents-----b) Snake bites-----c)Poisoning-----

d) Other emergencies

**B IN-PATIENT:**

1. How many labour cases were conducted in the institutions?

i) Current year till date

ii) Last financial year -----

iii) Year before last year -----

2. How many complicated cases were conducted last year? -----

3. How many cases were referred?-----

4.MTP :

a) How many MTPs were conducted during the year ?

b) Whether they were conducted by MTP trained Staff ?

YES / NO /

c) Is the institution recognised for conducting MTPs ?

YES / NO /

d) Whether books on MTP Act are available in the Institution ?

YES / NO /

**VI OFFICE MANAGEMENT:**

**A] Administration:**

1. Has the Organisation Chart been displayed?

YES / NO /

Plan and Non plan

2. Whether the Govt. orders for the sanctioned post are available?

YES / NO /

3. Whether continuation orders have been received or not ?

YES / NO /

4. Is the line of Supervision well co-ordinated?

YES / NO /

5. Is the attendance register being checked regularly?

YES / NO /



6. Are the duty rosters maintained properly? YES / NO / NA ✓
7. Whether the circular file maintained ? YES / NO / NA
8. Whether the Govt. file maintained ? YES / NO / NA
- YES / NO / NA

**B] OFFICE-PROCEDURES:**

1. Are the office procedures being followed according to the handbook? YES / NO / NA
2. Are the prescribed registers / records maintained properly? YES / NO / NA
3. (a) Are the Service Registers being maintained properly & updated? YES / NO / NA
- (b) Are the shadow SR registers maintained ? YES / NO / NA
- Are the ACRs : Pension, DCRG, Exgratia details sent regularly within the stipulated time? YES / NO / NA
- At the time of inspection, any pending files still existing? YES / NO / NA
- (a) Have the staff filed their Assets & Liabilities? YES / NO / NA
- (b) Whether CRs of staff written ? YES / NO / NA
- Was an Annual Action - Plan programme - wise drawn ? YES / NO / NA
- (a) Status reports of each : YES / NO / NA
- (b) Pending files with higher officers and duration
- Concurrent evaluation of programmes to be enclosed and corrective measures taken

**ACCOUNTS & AUDIT:**

- Is the Cash book maintained properly and updated? YES / NO / NA
- Is a cash chest available? YES / NO / NA
- Is the Stamp-Register maintained properly? YES / NO / NA
- Is the inward and outward Register maintained ? YES / NO / NA
- Is the Pay Bill & Acquittance Register maintained properly? YES / NO / NA



6. Whether clearance of NDC bills is up-to-date?

YES / NO /

7. If "No" reasons for same:

a)-----b)-----c)-----

8. When was the last audit done? -----

9. (a) Any audit notes are pending ?

YES / NO /

(b) Any reply pending for audit obseravations ?

YES / NO /

10. Whether budget reconciliation is done to treasury and submitted to higher authorities in time ? Yes / No

11. Whether expenditure statement after reconciliation has been submitted ?

YES / NO /

### VII ESSENTIAL SUPPLIES :

#### A. DRUGS STORES:

1. Whether location of the stores is satisfactory ?

YES / NO /

2. Whether there is a trained person incharge of the Drug stores ?

YES / NO /

3. (a) Whether the Stock registers are maintained properly ?

YES / NO /

(b) Time barred drug register maintined properly ?

YES / NO /

(enclose the list of registers maintained)

a)

YES / NO /

b)

YES / NO /

c)

YES / NO /

d)

YES / NO /

4. Whether annual verification of stores was done ?

YES / NO /

5. Whether allocated budget had been fully utilized last year?

YES / NO /

6. If " No" give reasons :

7. Has the institution sent the indent to higher authorities ----to be stringently verified.  
Are the drugs received in accordance with the indent ?

YES / NO/N

8. Whether any supplies have been received from GOI / Externally aided agencies  
Specify : Kit 'A', Kit 'B' , Anti tubercular Drugs, IFA , DD Kits, ANM Kits etc,



**B. STATIONERY:**

1. Is there adequate stock of stationery forms ?

YES / NO / NA

2. Any additional inputs required by the institution ?

YES / NO / NA

If "Yes" action taken :

**VIII TRAINING :**

**TRAINING CENTRE :**

1. Is there a building available for conducting training ?

YES / NO / NA

2. Staff position ( Please enclose list of all the staff ) Training status of the faculty

3. Are A-V aids available in the institution ?

YES / NO / NA

a) If "Yes" name them :

b) Give a list of the essential A-V aids needed I:

4. Has a vehicle been provided exclusively for field visits ?

YES / NO / NA

**EPIDEMICS AND EMERGENCIES :**

(a) No. of epidemics during last year

Whether epidemic register / chart maintained / spot map

YES / NO / NA

What were the epidemics : tick the appropriate one

G.E. b) J.E. c) Dengue fever d) Measles e) Malaria f) any other

Were they reported to the concerned authorities promptly ?

YES / NO / NA

g) What was the mode of transmission and whether it was timely, was it verified ?

YES / NO / NA

h) Whether lab investigation undertaken for (a) Water sample (b) Blood  
(c) Vector study

YES / NO / NA



(iii) Result ?

5. What appropriate preventive measures were taken ?

6. Were the drugs and chemicals supplied during the out - break adequate ?

YES / NO

7. If "No" what action was taken to procure them

8. What measures has been taken to prevent recurrence..

9. Were there any natural calamities / disasters during last year ?

If yes name them :

YES / NO /

10. Brief comment on adequacy of services.

**X MISCELLANEOUS :**

1. Whether the DH&FWOs are conducting meetings regularly ?

YES / NO /

2. Any other problems not envisaged here :

3. Any suggestions :

4. Problems / observations which need immediate attention on priority.  
Attention of the office / officers / authority



(i) Problems / observations

(ii)

(iii)

(iv)

5. Brief comments on previous audit / annual inspection by AG / Higher office

Over all the impression / suggestions  
Actions to be initiated.

Signature













**CHECK LIST FOR  
CURSORY INSPECTION OF  
HEALTH & FAMILY WELFARE DEPARTMENT  
OFFICES/HOSPITALS & OTHER HEALTH CARE DELIVERY  
INSTITUTIONS/VACCINE INSTITUTES, SURVEILLANCE CENTRES  
& TRAINING CENTRES OF THE STATE**

1. *NAME OF THE INSTITUTION:*

- i) Taluk
- ii) District

2. *DATE OF INSPECTION:*

3. *NAME & DESIGNATION OF THE INSPECTING OFFICER:*

---

Details of the Last Annual Inspection:

1. Date :

2. Names with Designation of the Inspecting Officers :

3. Names of the Officers -in -charge since last inspection with date:

- 
- 
- 
- 

4. What were the important observations made in the previous inspection?

- 
- 
-





5. Whether action has been taken on each previous observation and its outcome?  
If "No" give reasons:

- 
- 
- 

7. What are the glaring deficiencies / Irregularities observed during the current inspection?

- 1. Pension cases pending
- 2. Disciplinary action pending at what level ?
- 3. Any information to be sent to the Directorate

- 
- 
- 

7. Current Inspection Details:

1. Is the prescribed "Minute Book" maintained & recorded periodically? Has adequate action & follow-up on the minutes taken promptly?

YES / NO / NA

2. If "No" reasons for same:

- 
- 
- 

8. Has there been an outbreak of an epidemic recently / during last year?

Yes / No

9. If 'Yes' tick the appropriate one:

- a) GE b) JE c) Dengue fever d) Measles e) Malaria f) any other

### III STAFF :

- Training Status - Medical Officer :
- Qualifications and speciality
  - 1) Whether any sanctioned posts are vacant since the previous year?  
YES / NO
  - 2) If yes, whether action had been initiated by the head of the Institution to fill these?  
YES / NO
  - 3) \* List to be collected of the following :
    - i) Post sanctioned under various budget heads

### COMMENTS ON THE :

- Cleanliness of the Hospital :- Satisfactory / Unsatisfactory / Poor
- Drug Position - Satisfactory / Unsatisfactory
- In the PHC Lab. any pending investigations?  
Blood Smear pending?  
R.T. pending?
- Any case of AFP reported - Action taken
- Whether Medical Officers are staying in Head-quarters
- Whether other staff are staying in quarters, if not name the Officers
  
- Whether ARV is available? YES / NO
- Whether ASV is available? YES / NO
- Whether IV Fluids are available? YES / NO
- Whether ORS packets are available? YES / NO
- Whether Vaccines are available? YES / NO
- Whether Atropine Injection ampoules are available? YES / NO
- If yes, quantity available
- No. of deliveries conducted during Previous year / average per month
- No. of IUD insertions conducted at PHC
- No. of Minilaps done Previous year / average per month
- No. of Tubectomies done Previous year / average per month
- No. of Sputums taken Previous year / average per month
- No. of Blood Smears taken Per month/Average OPD-  
New Cases



DIRECTORATE OF HEALTH & FAMILY WELFARE SERVICES  
ANANDA RAO CIRCLE, BANGALORE - 56 0 009

SUB-CENTRE INSPECTION CHECK-LIST FOR ALL OFFICERS OF THE  
DEPARTMENT INCLUDING DISTRICT HEALTH SUPERVISORS

PART - I

SUB-CENTRE JUNIOR HEALTH ASSISTANT ( FEMALE )

1. Name of the Primary Health Centre : Sub-Centre : .....  
Village : .....  
Population : .....
2. No. of villages :
3. Name of the Official Incharge :
4. Name & Designation of the Inspecting : Date :  
Officer / Supervisor Time :
5. Date since working : Qualification :  
Training undergone :  
a.  
b.  
c.
6. Sub-Centre Building : OWN / RENTED / OCCUPIED / NOT OCCUPIED
7. Condition : Good / Bad  
If bad (What are the repairs) required :
  - Toilet
  - Type of Repair
  - Electricity
  - Water supply
  - Compound

8. Condition of clinic room being used /:  
Not in use. If not being used how it  
is being used ?
9. If used what are the activity :
- Health Equipment Materials Exhibited / Not exhibited
  - Delivery conducted / Not exhibited
  - Group Meetings being held / Not exhibited
  - Clinic conducted / Not exhibited
  - Drugs and equipments stored properly / Not properly stored
10. Does the S.C has equipments like :-
- Delivery kit
  - Weighing Equipment
  - B.P Apparatus / Stethoscope
  - Kerosene stove / electric stove
  - Sterlizer
  - Disposable Home Delivery kit
  - O R S
  - Nirodh
  - Slide Box
  - I U D kit
  - Others

## II DRUGS

- Whether S C minor ailment drugs available ?



- When last supplied – Sufficient / Insufficient ?
- If insufficient, list of such drugs and equipments required.

Whether the following Register / Records maintained ?

- Diary : YES / NO
- E C Register : YES / NO
- Births and Death : YES / NO
- Immunisation Register : YES / NO
- A B C D E Registers : YES / NO
- Others : YES / NO

### III Family Welfare Beneficiaries

- |   | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. Name :   |   |   |   |   |
| 2. Children :   |   |   |   |   |
| 3. Type of Family Welfare method followed :   |   |   |   |   |
| 4. Satisfied / Not-satisfied with service of H A :  |   |   |   |   |
| 5. Whether the service is regular / not regular. :<br>Problem expressed by the beneficiary. |   |   |   |   |

### IV IMMUNIZATION (U I P)

- a. Name :
- b. Age :
- c. Whether immunised with Booster : GIVEN / NOT GIVEN
  - D P T
  - Polio.
  - Measles.
 as written in the Register
- d. I F A ( c ) : GIVEN / NOT GIVEN

- V
- How many school have been visited ? :
  - How many Health Education classes conducted ? :
  - How many D P T given ? :  
Whether the observation made by cross-checking  
One of the school corroborates with the records.
  - Cross-check at the field / door-step :

### ANTENATAL CARE - I

- Name and Age :
- Date of Registration / Duration of pregnancy at registration. :
- IFA : GIVEN / NOT GIVEN  
(If given, No. of Tablets ) :  
Have they have been used or not, if not why ? :
- TT given / Not given (If not, when will it be given ) :
- Where urine and H.B checked, when and result :
- How many visits given :
- Family Welfare methods used / advised :
- Any risk suspected :
- Where the delivery will be conducted :  
Likely place of delivery opted by the ANC :
- IFA Mother : Target : Achievement : Rem  
IFA (small) Children :  
TT Mother : Target : Achievement : Rem



## II FAMILY WELFARE REVIEW

➤ Target	:	Achievement	:	Remarks
➤ Sterilization	:	Laproscopy	:	
➤ Vasectomy	:			
➤ IUD	:			
➤ OP	:			
➤ CC	:			

a. Active Malaria surveillance	:	Target :	Achievement :	Remarks :
b. Positive case treatment	:	No. of treated	:	Remarks
	:	No. of Pending	:	

## III HEALTH EQUIPMENT

1. Program-wise material supplied	:	
Utilized	:	
Comment	:	
2. No. of group-talks	:	
Monthly Achievement	:	
No. of persons attended	:	
Subjects covered	:	
Comments	:	
3. Stock Register of Drugs	:	
4. Inventory Register of equipment's, furniture, books, charts, Health Equipment's, Materials, etc.	:	

5. Perishable article Registers :

- a. Papers
- b. Soaps and Detergents
- c. Disposable kits, etc.

6. a. M. F . - 2 Registers  
b. Malaria positive Register  
c. R T Register

7. a. Delivery Register (Follow-up Register)  
b. Maternity Allowance Beneficiary Register

8. Age at Marriage of (F) Register :

IV PROGRESS REPORT

Antenatal Care Registration

: Target : Achievemen

Delivery

:

Primary

:

Immunization

:

Target : Achievemen

> D P T

> Polio

> Measles

> Booster

V MALARIA

Blood sample collection

:

Proper / Not proper

Radical Treatment

:

Adequate / not properly done

VI

1. Check births and deaths registered, note the Findings. :

2. Find out any non-registered events if any, by using appropriate technique and remark. :

3. Whether the report is being sent to Sub-Registrar regularly. :



VII Enquire regarding any recent epidemics in :  
the village and note the actions taken / to  
be taken.

VIII Specific irregularities or problems to be :  
Brought to the attention of the immediate  
Controlling Officer.

1.

2.

3.

4.

5.

FN: CHECK-LIST  
DT: 21-08-Y2K - US





**DIRECTORATE OF HEALTH & FAMILY WELFARE SERVICES,  
ANANDA RAO CIRCLE, BANGALORE - 56 0 009**

**SUB-CENTRE INSPECTION CHECK-LIST FOR ALL OFFICERS OF THE  
DEPARTMENT INCLUDING DISTRICT HEALTH SUPERVISORS**

**PART - II**

**SUB-CENTRE JUNIOR HEALTH ASSISTANT ( MALE )**

**I**

1. Name of the Primary Health Centre :
2. No. of Sub-Centre :
3. Name of the worker :
4. Date of working :
5. Name & Designation of the Inspecting : Time :  
Officer / Supervisor From : To

**II**

1. No. of villages covered :
2. Population :

**III**

**1. MAINTENANCE OF REGISTERS & RECORDS :**

- Diagonising :
- MF - 1 : YES / NO / N.A
- MF - 2 : YES / NO / N.A
- Stock Registers for Drugs : YES / NO / N.A  
(Minor ailments)
- Family Welfare and MCH : YES / NO / N.A
- Births and Death Register :
- E.C. Register :

2. MATERIALS :

- M Slide Box : YES / NO / N.A
- Hegidern Needles : YES / NO / N.A
- Bleaching Powder : YES / NO / N.A
- H E Materials : YES / NO / N.A
- Sub-centre / Village Map :

IV VILLAGE-WISE, MONTH-WISE BLOOD SAMPLES DRAWN & EXAMINED

- |                                |   |   |   |   |   |   |   |   |     |
|--------------------------------|---|---|---|---|---|---|---|---|-----|
|                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9   |
| ➤ Villages :                   |   |   |   |   |   |   |   |   |     |
| ➤ Population :                 |   |   |   |   |   |   |   |   |     |
| ➤ Blood Samples Drawn :        |   |   |   |   |   |   |   |   |     |
| ➤ Month-wise % to population : | J | F | M | A | M | J | J | A | S O |

V POSITIVE CASE REGISTER

1. What is the A P I for S.C. ? :
2. No. of I M P cases :

YEAR	TOTAL +VE CASES	P.F	RADICAL TREATMENT GIVEN	TIME L

VI INSECTICIDE SPRAY UNDERTAKEN

1. Type of Insecticide used :
2. Date of Spray :

Brief comments on inspection observation and Suggestions / Action initiated ?

- 1.
- 2.
- 3.



## VII FIELD INSPECTION / SUPERVISION

1. Whether wall-stenciling is done properly and regularly ? YES / NO
2. Whether Radical Treatment is given on time ? YES / NO
3. Whether the Blood samples drawn, represents the population month-wise ? YES / NO

### EPIDEMIC DISEASES

#### I 1. Water sources :

- No. of villages with Tap water
- No. of villages with Well water
- No. of villages with Bore-well water
- No. of villages with Hand-pump with

2. No. of open wells :

3. No. in use

#### 4. MONTH-WISE WELL CHLORINATED :

I	II	III	IV	V

#### 5. EPIDEMICS REPORTED DURING THIS YEAR

		DATE		NO. OF CASES / DEATHS
		FROM	TO	
CHOLERA	YES / NO			
GASTRO-ENTRITIES	YES / NO			
JAPANESE ENSAPHALITIES	YES / NO			
DENGUE	YES / NO			
KASANUR FOREST DISEASES	YES / NO			
HEPETITIS	YES / NO			
ENTRIC FEVER	YES / NO			

## FAMILY WELFARE

1. No. of eligible couple on hand :
2. No. the following Family Welfare Methods

C. P. R

METHODS OF STERILIZATION	TARGET	ACHIEVEMENT	PERCENTAGE
IUD			
C.C			
O.P			

## HEALTH EDUCATION

1. Posters displayed during the year : YES / NO
2. Pamphlets distributed during the year : YES / NO
3. Schools visited : YES / NO
4. No. of Groups discussion held :
5. No. of persons attended :

## TOPICS COVERED

1. Malaria / Dengue / Japanese Encephalitis / Public participation / others
2. On water borne disease :
  - Total No. of groups discussion held :
  - Total No. participated :
3. Family Welfare :
  - Total No. of groups discussion held :
  - Total No. participated :



4. Nutrition :

➤ Total No. of groups discussion held :

➤ Total No. participated :

5. Others

Over-all brief comments on the difficulties / Lapses / good work done.

1.

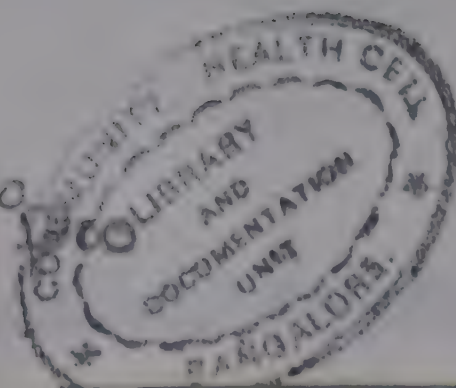
2.

3.

4.

5.

FN : CHECK-LIST-2  
DT : 17-08-Y2K / US



DIRECTORATE OF HEALTH & FAMILY WELFARE  
ANANDA RAO CIRCLE, BANGALORE - 56 0 00

INSPECTION CHECK-LIST OF PRIMARY HEALTH CENTRE

**PART - III**

I

1. Name of the Primary Health Centre : Taluk :
2. No. of villages covered : Population :
3. Name of the MOH/LMO : Date of working :

1.

2.

3.

TECHNICAL AUDIT / INSPECTION

1. No. of villages covered : Population :
2. STAFF :

SL. No.	SANCTIONED	WORKING	V.
1	Medical Officer for Health / Lady Medical Officer		
2	Health Assistant (Male)		
3	Health Assistant (Female)		
4	Block Health Educator		
5	First Division Clerk		
6	Second Division Clerk		
7	Pharmacist		
8	Jr. Health Asst. (Male)		
9	Jr. Health Asst. (Female)		
10	Group 'D'		

3. No. OF SUB-CENTRES BUILDING AVAILABLE :

> MALE

> FEMALE



## INFRASTRUCTURE

### 1. BUILDING

- |     |                        |      |   |
|-----|------------------------|------|---|
| a.  | Up-keeping of Building | :    | WELL MAINTAINED/NOT MAINTAINED                        |
| b.  | Premises               | :    | CLEAN & TIDY / NOT CLEAN                              |
| c.  | Environment / Ecology  | :    |   |
|     |                        | i.   | PARK : YES/NO   |
|     |                        | ii.  | TREES : YES/NO  |
|     |                        | iii. | FOUNTAIN : YES/NO                                     |
| 2.  | Annual Maintenance     | :    | DONE / NOT DONE Date :                                |
| 3.  | Bed Strength           | :    | MALE : FEMALE : CHILDREN :                            |
| 4.  | OPD                    | :    | PROVIDED / NOT PROVIDED                               |
| 5.  | OT                     | :    | PROVIDED / NOT PROVIDED                               |
| 6.  | Laboratory             | :    | PROVIDED / NOT PROVIDED                               |
| 7.  | Store                  | :    | PROVIDED / NOT PROVIDED                               |
| 8.  | Vehicle Garage         | :    | PROVIDED / NOT PROVIDED                               |
| 9.  | Clinical Dressing Room | :    | PROVIDED / NOT PROVIDED                               |
| 10. | Compound               | :    | PROVIDED / NOT PROVIDED                               |
| 11. | Water Supply           | :    | BORE WELL / OPEN WELL /<br>TAPE / BONE WITH HAND PUMP |
| 12. | Improvement required   | :    | OVER-HEAD TANK / BORE-WELL / OTHER                    |

### III REGISTRATION OF IMMOVABLE PROPERTY

- |    |  |  |
|----|--|--|
| 1. | Primary Health Centre Site Document /<br>Survey Document |  |
| 2. | Tax paid receipt / Register                              |  |
| 3. | All Building under P H C Document                        | : MAINTAINED / NOT MAINTAINED /<br>NOT AVAILABLE |

4. Residential accommodation :

SL. No.	Name & Designated Quarters	Occupied by the Designated or others & Reason	Rented
1			
2			
3			
4			
5			

5. Rent not recovered from :

SL. No.	Name & Designation	Amount Due
1		
2		
3		
4		
TOTAL		

Action taken to allot quarters / not occupied by Designated Official and arrangement made for the recovery of rent.

PERSONNEL STAYING IN THE RESPECTIVE HEAD-QUARTERS

Sl. No.	Name and Designation	Place	YES/NO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			



## PROGRAMMES

### I. NATIONAL MALARIA CONTROL PROGRAMME

PERIOD :

FROM :

TO :

1. Blood smear collected

: Examined / To be Examined . Positive

MC :

B.S. Back-log P.V P.F

1.

2.

3.

Passive :

Active :

Total :

Radical Treatment given within 10 days of Blood sample collection ..... Nos.

P V P F

After more than 10 days :

Deaths due to Malaria : No.

Comments on Malaria Clinic :

Passive and Active surveillance :

Radical Treatment :

Comments on blood samples representation to the population of village during each visit of Health worker ( Male )

Comments on wall stencilling.

Insecticide spray : Type Date of Spray

1

2

3

345

Coverage	:	..... %
No. of D D Cs in the P H C	:	Drugs Distributed ie. 4 A Q
No. of F T D in the P H C	:	Blood Sample collected 4 A Q given

## II. LABORATORY

1.	M.F. - 9	:	MAINTAINED / NOT MAINTAINED
2.	M.F. - 7	:	MAINTAINED / NOT MAINTAINED
3.	M. C. Register	:	MAINTAINED / NOT MAINTAINED
4.	Stain stock Register	:	MAINTAINED / NOT MAINTAINED
5.	Micro-slides	:	MAINTAINED / NOT MAINTAINED
6.	Thalati chart	:	MAINTAINED / NOT MAINTAINED
7.	4 A Q stock Register	:	MAINTAINED / NOT MAINTAINED
8.	Other clinical Examination	:	

### A. Urine Test :

TOTAL Nos.

Upto Date

1. Sugar
2. Albumin
3. Microscopy

### B. Stools :

1. Microscopy
2. Cyst / O V A

### C. Blood :

1. T.C
2. D.C
3. E.S.R
4. H.B %

### D. A.F.B

1. Sputum Examination No.
2. Positive
3. Skin smears No.
4. Positive



EQUIPMENTS :

- |                     |   |               |            |
|---------------------|---|---------------|------------|
| 1. Microscope       | : | Hand operated | Mechanical |
| 2. Physical Balance | : |               |            |
| 3. Centrifuge       | : |               |            |

III PROGRAMMES

- |  |   |             |                |
|--|---|-------------|----------------|
| 1. Sputum collected from chest systematics | : | No.         | A.F.B Positive |
| 2. Total pts on ..... Treatment            | : | Regular Pts | on treatment.  |
| 3. Defaulter action taken                  | : | i.          |                |
|  |   | ii.         |                |
|  |   | iii.        |                |

IV T.B. confirmed

- |                                 |   |                                 |
|---------------------------------|---|---------------------------------|
| ➤ Type of Treatment             | : | REGULAR / ANTI-TB / DRUGS ..... |
| ➤ Stock Positive of drugs       | : | SUFFICIENT / NOT SUFFICIENT     |
| ➤ Action taken to procure drugs | : |                                 |

V LEPROSY :

ANNUAL CASE DETECTION :	TARGET :	ACHIEVEMENT :	%
-------------------------	----------	---------------	---

- |                             |   |  |
|-----------------------------|---|--|
| i. No. of cases on hand     | : |  |
| ii. No. on Treatment        | : |  |
| iii. Problematic villages : | : |  |
| ➤                           | : |  |
| ➤                           | : |  |
| ➤                           | : |  |

Prevalence rate in the P.H.C. :

VI OTHER EPIDEMIC DISEASES

- |  |   |                             |
|--|---|-----------------------------|
| 1. Epidemic Register   | : | MAINTAINED / NOT MAINTAINED |
| 2. Spot map for each epidemic disease                                      | : | MAINTAINED / NOT MAINTAINED |
| 3. Which is the disease occurred on a epidemic proposition during the year | : |                             |
| Action taken to control  | : |                             |

VII FAMILY WELFARE & MATERNAL & CHILDREN HEALTH / R C H  
PROGRAMME PROGRESSIVE

ANNUAL CASE DETECTION : TARGET : ACHIEVEMENT :

METHODS :

- Sterillisation
- I.U.D.
- O.P.C
- C.C

E.C. Survey :  
 Total E.C. : DONE / NOT DONE

A N C REGISTRATION

POPULATION TARGET : ACHIEVEMENT :

Within 12 weeks :

After 12 weeks :

A N C SERVICES

TARGET : ACHIEVEMENT :

- I F A :
- Urine :
- H.B. % :
- B.P. Recording :
- T.T :



## HEALTH EDUCATION

1. No. of posters displayed : SUBJECTS: 1.  
2.
2. No. of pamphlets distributed : SUBJECTS: 1.  
2.
3. No. of film-shows conducted : SUBJECTS: 1.  
2.  
3.  
4.  
5.  
6.
4. Group Meetings conducted : No.  
Orientation Trainings conducted :
5. EQUIPMENTS AVAILABLE FOR HEALTH EDUCATION  
SUPPLIED : CONDITION - IN USE / NOT IN USE  
1.  
2.  
3.
6. Whether P.H.C Annual Plan has been prepared and got approval by the District Health  
Family Welfare Officer ?  
(which includes, objectives and goals covering physical and financial planning pertaining  
each programme )

7. Assess whether man-power and Infrastructure is far exceeds than norms fixed by State / Central Government ?

Suggestions :

1.

2.

3.

8. Any special problems / pending sanctions which require urgent attention of authorities, please list out

1.

2.

3.

4.

5.

FOIA

FN : PHC-2  
DT : 31-08-Y2K / US









**INSPECTION  
OF  
CLINICAL FACILITIES  
(COMPONENT)**

**(30 BEDDED HOSPITAL & ABOVE)**





# Clinical Component

No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
1	OUT PATIENT DEPARTMENT						
a)	Reception Counter / Enquiry :						
i)	Posting of knowledgeable MSW or Staff Nurse as a Receptionist with a board "May I help You?"						
ii)	All sections of the OPD numbered and depicted on flow chart near reception counter						
iii)	Boards indicating days of Special Services and Hospital timings near reception counter.						
b)	Registration /OPD ticket issuing counter:						
i)	Board indicating hospital fees for various services provided for OPD & IPD – Inpatient counter for admission						
ii)	Glow sign with changing messages exhibited at prominent places.						
2	O P D SECTIONS (MOP, SOP, POP, DOP, GyOP):						
	Every OPD section should have : separate register for diagnosis, Complete examination tray with B P Apparatus, torch and hammer, X ray view box, examination table with foot steps, writing table, stool for patients, wash basin adequate sitting arrangement for waiting O P D Patients, appropriate Health Education material displayed. Waste collection , coloured baskets with instructions about the kind of waste to be installed in all the rooms						
	In addition to above,						
	Medical OPD : CNS examination tray, tuning fork, ECG Machine						
	Surgical OPD : PR examination tray with proctoscope and gloves, Kidney trays, Tongue depressor, torch, xylocaine jelly						
	Gynaec. OPD : PS & PV exam. Tray, IUD tray, Kidney tray, clean gloves, Weighing machine, pap smear tray, exam. Table with lithotomy facility, table lamp, jelly or cream, torch, view light						
	Pediatric OPD : Paed. Weighing machine, Measuring Tape, Height and Weight Scale.						
	Ophthal OPD Torch, eye drops, eye charts, sterile bins with dressings, lotion						
	ENT OPD Head light, torch, ENT instruments tray, antiseptic lotions, tongue depressor, foreign body removal set (nose and ear)						
	Dental OPD Dental Surgeon available						
	Apart from Dental extraction and scaling other procedures like silver filling, mandibular wiring, dental alignment etc. are done.						
	Efforts made by staff to keep dental x-ray unit, motor in order, continuous water supply, staff nurse posting, denture preparation (prosthesis), Biosafety measures adopted. Etc.						
	Dressing Room.						

Wherever the matter is complied put a '√' in green colour and  
Wherever it is not complied put an 'X' mark in red colour



No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
	Autoclaved material used (bandages, dressings, towels, swabs)						
	Dressing table, antiseptic lotion, sink for hand washing available						
	Dresser wears Plastic apron, face mask, gloves etc., while doing dressings						
	Antiseptic lotions and dressing materials kept in bins						
	Dustbins are available with waste collection instructions.						
	Dressing tray with medicines and bandages						
	Electric steriliser for instruments and suture removal set						
f)	Injection Room						
	Syringe destroyer installed and being used						
	Colour waste collection bins installed with instructions for use						
	Staff nurse is trained in management of Injection reactions						
	Updated emergency drug tray and Availability of Oxygen Cylinder with accessories, Suction Machine (electric and foot operated), Cot and mattresses with arrangement for head low position, venesection tray,						
	Chart of management of Anaphylactic reaction, classification of dogbite wounds and dosage schedule of ARV, rabipur.						
	Availability of Wash basin, Biosafety measures adopted, Inventory maintained.						
	Sufficient number of autoclaved syringes & needles depending upon OPD load.						
g)	Pharmacy						
	Proper display of all the available drugs in the pharmacy to build a proper public image						
	Daily accounting of drugs kept? (Any proof of checking of inventory)						
	Surprise check by MO / RMO for actual dispensing against prescription.						
	Drugs are dispensed in paper packets						
	Morbidity statistics kept up-to-date (Verify the record)						
	Is the fire extinguisher installed at the pharmacy						
	Minor Operation Theater and Plaster Room						
	Availability of shadowless lamp, operation table, suction apparatus (electric and foot operated) fumigation apparatus,						
	Availability for wash basin, slippers, cap, mask, gown, etc						
	Availability of autoclaved linen material, dressing drums, minor surgery instruments, life saving drugs and anaesthetic agents' etc.						
	Maintenance of records and registers of minor OT, condemned articles etc.						
	Water coolers available with 4 number of taps for OPD						
	Separate well maintained arrangements of toilet for male & female patients & relatives?						
	Is it clean?						
	Separate stand for vehicles.						
	Availability of functioning telephone for public						

Wherever the matter is complied put a '✓' in green colour and  
Wherever it is not complied put an 'X' mark in red colour



No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
i)	Film show arrangements made for OPD patients						
ii)	Suggestions book in OPD. Action taken, if any for valid suggestions made.						
iii)	Waste collection basket installed at appropriate places						
iv)	Availability of wheelchairs & stretchers for shifting Pt. From OPD to Ward.						
4)	<b>EMERGENCY SERVICE DEPARTMENT. (CASUALTY)</b>						
	Medical Officer available round the clock						
	Glow sign board indicating "Emergency Services" [Department]						
	Ward well equipped with Fowler's bed,						
	Emergency tray with essential drugs						
	Catheter tray, Ryles' tubes / Stomach tube, flatus tube,						
	Venesection tray, tracheotomy set, L P tray, Suturing tray,						
	Emergency light / Generator,						
	BP Apparatus, Torch, Thermometer, weighing machine, hammer,						
	Refrigerator, stationary & forms (medico-legal stationary)						
	Availability of ARV services 24 hours. Board displayed accordingly.						
	Knowledge of M Os in classification of dogbite wounds and their management training in giving ARV.						
	Proper documentation of case sheet and MLC, treatment card and records / registers.						
	Uninterrupted Stock of ARV. Check the stock book.						
	Medico-legal register in prescribed register with commencing and closing dates and number on the book.						
	Store room with sufficient stock of essential and life saving drugs.						
	Availability of transport facilities (Ambulance) round the clock, drivers duty chart						
	Waste collection at appropriate places						
	Emergency resuscitation kit available and functional						
5)	<b>CLINICAL LABORATORIES</b>						
	Qualified Pathologist available.						
	Examination of special tests like widal, serum bilirubin, L F T, V D R L, B S for M P., stool examinations, semen analysis, electrolyte study, blood gas analysis, kidney function tests, C S F examination etc.						
	Reports, monthly abstract drawn and verified by CMO						
	Use of aprons by laboratory technicians						
	Availability of sufficient wash basins, sinks for staining						
	Proper disposal of the spoiled containers after decontamination.						
	Use of only autoclaved syringes & needles / Disposable needles.						
	Appropriate tests carried out as per indication						
	Observance of bio safety measures in waste management						

ever the matter is complied put a '√' in green colour and  
ever it is not complied put an 'X' mark in red colour



No.	ITEM					Response as on date of visit (Y/N) *					
						Date	Date	Date	Date		
x)	Regular availability of staining material and their inventory maintenance										
xi)	Status of following equipment										
		Total No. Available	Working Condition	Under Repairs	Pending for Con dem - nati on						
a)	Microscopes Monocular										
b)	Centrifuge										
c)	Refrigerator										
d)	Water bath										
e)	Hot air oven										
6)	<b>RADIOLOGY</b>										
i)	X-ray technician is available, if not efforts made for getting the post filled in or any suitable alternative arrangement made for day to day supervision										
ii)	Status of X-ray Machines available										
iii)		Total No. Available	Working Condition	Under Repairs	Pending for Con dem nati on						
	X-ray Machine										
	Availability of dark room safe light, film drying cabinet x-ray illuminators (view box) etc.,										
	Use of bulbs and are they regularly sent to BARC for checking and steps taken on reports										
	Availability of all life saving drugs, oxygen cylinder, suction apparatus etc., to tackle the anaphylactic reaction										
	X-ray films and hypo solutions are preserved/Disposed as per Rules.										
	Danger zone marked or not with red paint										
	Availability and use of protection devices like lead apron, lead gloves, goggles, badges and dosimeter etc by the staff working in Radiology.										
7)	<b>OPERATION THEATER</b>										
	Availability of staff in O T as per norms / Duty roster chart										
	Concept of clean, neutral and sterile zone followed by providing various self-closing double doors or air curtain etc. and marked										
	Dimensions of operation theater are measured and dose of potassium permanganate (KMnO <sub>4</sub> ) and formaldehyde calculated for doing fumigation on fixed day or as and when indicated. Verify the fumigation register record.										

herever the matter is complied put a '√' in green colour and  
herever it is not complied put an 'X' mark in red colour



No.	ITEM				Response as on date of visit (Y/N) *				
					Date	Date	Date	Date	
iv)	Swabs from O T are sent for culture and action taken on unfavourable report. Verify the documents.								
v)	Pre operative waiting room with toilet facilities available								
vi)	Availability of well equipped postoperative ward (Recovery room) with adequate No. of beds and resuscitation measures								
vii)	Uptodate maintenance of O T records like O T registers (elective), emergency O T, monthly abstract etc.								
viii)	Proper steps taken for disposal of O T waste (Operated specimens etc.)								
ix)	Emergency light or generator facilities provided to O T (Verify)								
x)	Status of following equipment								
xi)		Total No. Available	Under Repairs	Pending for condemnation					
a)	Boyles Apparatus								
b)	Hydraulic O T								
c)	Shadowless lamp								
d)	O T care								
e)	Suction Apparatus								
f)	Air Conditioner								
g)	Minor Operation Tables								
i)	Refrigerator								
j)	Electric Sterilizers								
k)	Autoclaves								
xii)	Regular condemnation of unserviceable articles twice a year done								
xiii)	Inventory register maintained and checked by Anaesthetist / RMO								
xiv)	Availability of separate changing room for doctors, nurses with attached toilet and locker facilities and entire staff uses O T dress and separate slippers								
xv)	Availability of the fire fighting equipment and knowledge to use them								
xvi)	Oxygen cylinder available & quantity checked periodically								
8)	CENTRAL STERILE SUPPLY DEPARTMENT								
i)	A detailed chart showing how to operate H P H S displayed in Kannada								
ii)	Wall clock made available for noting the time during autoclaving process								
iii)	All autoclave tape should be preserved and pasted on register datewise which is to be signed by Staff Nurse and checked by Anaesthetist (Verify the register)								
iv)	Efforts made to get out of order equipment's repaired or condemned (Verify the register)								
9)	LABPOUR ROOM & PREMATURE BABY UNIT								

\* Wherever the matter is complied put a '√' in green colour and  
Wherever it is not complied put an 'X' mark in red colour



No.	ITEM	Response as on date of visit (Y/N) *														
		Date	Date	Date	Date											
i)	Separate Labour Room with automatic double door for clean and septic cases available.															
ii)	Minimum 2 labour tables in Clean labour room with plastic curtain partition.															
iii)	Facilities available such as : Wall Clock, baby weighing machine, facility for headlow position, baby resuscitation kit, mucus aspirator, suction apparatus (electric or foot operated) alongwith set of catheter, oxygen cylinder with accessories for baby and mother, emergency light / generator connection, exhaust fan, coolers / fan, episiotomy tray and venesection tray, shadowless lamp, forceps low, B P apparatus, instrument sterilizer, plastic aprons, slippers, cap, mask, apron, foam mattress on table, Kit of all life saving drugs,															
iv)	Same discipline as that of O T is also followed for labour room i.e., use of gown, cap, mask etc. before entering in labour room & PBU															
v)	Availability of deep freeze or plastic containers with ice cubes for preservation of still born, Placenta, till they are disposed off.															
vi)	Regular washing and fortnightly fumigation of labour room. Verify record.															
vii)	Duty roster of staff of labour room and attendance displayed or not															
viii)	Proper writing of delivery notes including the foot prints of baby, thumb impression of mother with attestation of nurse conducting delivery.															
ix)	Availability of attached toilet facility near Labour Room															
x)	Arrangement to resuscitate new born and to keep baby warm															
xi)	Availability of functioning incubators															
xii)	Staff trained in premature baby care.															
xiii)	Arrangement for prevention of hypothermia															
xiv)	Availability of Photo therapy unit, Oxygen hoods															
xv)	Proper maintenance of record, registers of new born															
xvi)	Precautionary measures adopted to prevent sepsis like barrier nursing, change of cloths by staff working P B U															
xvii)	Written instructions about operation of incubator displayed.															
xviii)	Duty roster of staff on duty.															
		Paed	Mod	Sur	Gyc	Post op	Emer-gency	Casual-ity	Tota l							
10	<u>WARDS</u>															
1.	Satisfactory cleanliness of the sanitary blocks.															
2.	If, floor beds in the wards present.															
3.	Satisfactory upkeepment of Cots., Mattresses, Bedside lockers, Linen etc															
4.	Use of hospital uniforms by all patients															
5.	Availability of Suction Apparatus															

\* Wherever the matter is complied put a '✓' in green colour and  
Wherever it is not complied put an 'X' mark in red colour



No.	ITEM	Response as on date of visit (Y/N)				
		Date	Date	Date	Date	
	(electric and foot operated), oxygen cylinder with accessories, venesection tray, emergency tray, emergency light, BP apparatus, equipments for sterilization, wheel chairs, stretcher trolley and stationaries, forms etc. without man					
6.	Maintenance of records (incoming, outgoing and death reports), CARDEX (ward round book)					
7.	Adequacy and working of fans and tube lights					
8.	Availability of hot water					
11)	<b>DIET AND KITCHEN FACILITY</b>					
i)	Availability of diet					
ii)	Physical verification of dietary articles done any time. Verify					
iii)	Availability of diet charts for adult, paediatric and special diet.					
iv)	Arrangements for washing vegetable and vegetable cutting platform					
v)	Satisfactory cleanliness of kitchen					
vi)	Satisfactory arrangements for preventing rat nuisance					
vii)	Availability of utensils for cooking.					
viii)	Satisfactory arrangements for storing the foodgrains					
ix)	Regular medical check up of food handlers (Verify the records)					
x)	Regular organisation of diet committee meeting (Verify the Minutes)					
xi)	Availability of food testing register and remarks					
xii)	Sending of samples of dietary articles for P A F studies and action taken on results					
xiii)	Availability of lactometer measuring unit, weighing machine and weights					
xiv)	Action taken on substandard supply of dietary articles					
xv)	Waste Disposal facility available					
12)	<b>LINEN &amp; LAUNDRY SERVICES</b>					
i)	Condemnation carried out by every six months.					
ii)	Yearly requirement prepared on the basis of last three years consumption and buffer stock. (Verify the records)					
iii)	Availability of linen as per norms					
iv)	Availability of buffer stock of linen to face Disaster Emergencies					
v)	Upkeep of linen register					
vi)	Hospital linen stamped by Dhobi ink					
vii)	Services of tailor utilized adequately for making new O T					

• Wherever the matter is complied put a '√' in green colour and  
Wherever it is not complied put an 'X' mark in red colour



No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
	wears eye shade and mending the torn cloths etc.						
viii)	A practice of Dirty / spoiled linen are decontaminated / washed and given to Dhobi is followed.						
ix)	O T Linen is kept separately and washed separately						
x)	Availability of Linen as per departments guidelines such as Woolen blanket - Red                      O.T.Gown - Green						
xi)	Use of aprons by Doctors						
xii)	Paramedical uniforms						
xiii)	Class IV uniforms						
13)	<b>MEDICAL / NON MEDICAL STORES</b>						
i)	Suitability of location for all sections of Hospital and adequate space for medical store.						
ii)	Pharmacist knowledgeable in materials management, system of bin cards, nearing expiry and expiry chart, buffer stock are followed						
iii)	Inspections of stores by the CMO in last six months verify the stock book. -						
iv)	Availability of Vital, essential and desirable drugs sufficient to last for at least three months						
v)	Upkeep of expiry date register and its regular inspection by RMO						
vi)	Efforts made to redistribute large stock of slow moving drugs for its utilization or redistribution						
vii)	Check a few A B C drugs from the stock book to ascertain the correctness of balance quantity						
viii)	Proper arrangements of the drugs as per ABC / V.E.D Category and storage of rubber goods as per guidelines						
ix)	Knowledge of minimum levels for each drug to store keeper by him card system.						
x)	Appropriate steps taken to prevent pilferage of drugs						
xi)	All ampoules are stamped with government name.						
xii)	Separate system for issuing costly drugs.						
xiii)	Satisfactory storage of drugs with reference to temperature, sunlight, protection from moisture, availability of refrigerators and exhaust fans.						
xiv)	Sending of samples to chemical laboratory to check it as per specification and standard & action taken thereon						
xv)	Every parcel is opened within 8 hours and checked the quantity as per order. Communication of any shortages/ damages to Firm.						
xvi)	Maintenance of separate Register for the batches declared unfit for use.						
xvii)	Availability of licenses for spirit, morphine, opium						
xviii)	Circulation of lists of available drugs to the MOs, OPD & Wards						
xix)	Submission of certified bills to office for release of payments within three days. (Verify the register)						
xx)	Arrangement of regular auction to clear the empty material from store						
xxi)	Availability of Fire Fighting equipment and knowledge to operate						

\* Wherever the matter is complied put a '√' in green colour and  
Wherever it is not complied put an 'X' mark in red colour



No.	ITEM	Response as on date of visit (Y/N)				
		Date	Date	Date	Date	
xxii)	Prevention of drugs and non drugs items from rat nuisance.					
xxiii)	Black waste container available for waste disposal.					
14)	<b>MEDICAL RECORDS, AUDIT &amp; BIOSAFETY</b>					
i)	Availability of Medical Record Room with enough number of racks and cupboards etc.					
ii)	Knowledge of staff in keeping the medical records in desired fashion					
iii)	Regular reporting of births & deaths to the appropriate authority (Verify)					
iv)	Regular WHO classification of diseases					
v)	Quarterly submission of the morbidity, mortality reports (Check the report of the last month to assess the correctness)					
vi)	Monthly Death audit meetings held & minutes of meeting recorded/ reported					
vii)	Organisation of Hospital Infection Control Committee meetings. Action taken on minutes and investigation done if any. (Verify)					
15)	<b>POST MORTEM FACILITY &amp; M.L.C RECORD</b>					
i)	Availability of the instruments required for performing Post Mortem in order and sufficient.					
ii)	Availability of prescribed P.M. and viscera forms in mortuary					
iii)	Arrangement for carrying out post mortem after sunset. Availability of exhaust fans and adequate Water Supply					
iv)	Proper writing of post mortem notes (Verify PM records)					
v)	Update records such as P M Register, Incoming and outgoing dead bodies register available					
vi)	Bio-safety measures undertaken like cap, mask, thick gloves while doing Post Mortem					
16)	<b>I E C &amp; SOCIAL ACTIVITIES</b>					
i)	Posters and Banners displayed in OPD, Wards and premises					
ii)	Arrangements of Cinema shows in OPD on fixed days.					
iii)	Celebration of different National days and record maintenance					
iv)	Annual social gathering arranged for the staffs celebration of hospital day					
17)	<b>MOTOR VEHICLE UNIT, HEALTH EQUIPMENT REPAIR UNIT &amp; TELECOMMUNICATION</b>					
a)	<b>VEHICLES</b>					
i)	Status of Vehicle <u>OFF ROAD</u> <u>ON ROAD</u> Date of its registration and other details					
ii)	Availability of Garage and tools in the vehicles.					
iii)	Proper maintenance of Logbooks					
iv)	Major accidents and the procedure of inquiry completed within 6 months (maintenance of the repair register with the name of the part replaced)					
v)	Efforts made to bring off road vehicle on road					

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No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
vi)	Ambulance availability & functionality						
b)	<b>MOBILE MAINTENANCE UNIT (AMBULANCE)</b>						
	Maintenance of register for collection of fees for ambulance services						
c)	<b>HEALTH EQUIPMENT REPAIRS UNIT</b>						
i)	Sending of list of out of order instruments / equipment to Unit every month. Check the list						
ii)	Efforts made to get the major instruments, equipment's repaired promptly by chasing higher authorities.						
iii)	Repairing and enamel painting of cots, bedside lockers saline stand locally.						
d)	<b>TELECOMMUNICATION</b>						
	List of telephone numbers, code, fax numbers available						
i)	Telephone connection for the hospital						
ii)	Availability of Public Phone facility in Casualty and OPD						
iii)	Availability of Telephone directory and telephone numbers of DC, referring hospitals, Police Superintendent, Fire Brigade, Water Supply, other ambulances, K E B., and private nursing homes in emergency service department.						
18)	Whether the following National/State Programmes being implemented and reported						
a)	<b>FAMILY WELFARE, M C H, M T P &amp; P P PROGRAMME (25 Marks)</b>						
b)	<b>NATIONAL MALARIA ERADICATION PROGRAMME:</b>						
c)	<b>NATIONAL TUBERCULOSIS CONTROL PROGRAMME</b>						
d)	<b>NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS</b>						
f)	<b>PROGRAMMES FOR THE SOCIALLY DISADVANTAGED COMMUNITY</b>						
e)	<b>NATIONAL LEPROSY ERADICATION PROGRAMME</b>						
f)	<b>AIDS CONTROL PROGRAMME</b>						
g)	<b>DISTRICT SURVEILLANCE INFORMATION SERVICES</b>						
	If yes, please provide details.....						
19)	<b>ENVIRONMENT SANITATION &amp; WATER SUPPLY:</b>						
i)	Efforts made by CMO to improve the general sanitation of hospital premises by preventing open air defecation underground drainage system keeping Dust bins at various						

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No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
	places etc.,						
ii)	Efforts made to prevent nuisance of stray animals like pigs, donkeys, cows, goats in the premises by providing compound wall and cattle trap at Entrance and Exist.						
iii)	Arrangements for regular lifting of garbage with the help of Municipality/Corporation						
v)	Anti Smoking, Spitting boards & other Health Education boards depicted at prominent places in Hospital Campus						
vii)	Arrangement of sufficient illumination arrangements in Hospital premises by Street light etc.,						
viii)	Provision of Public latrines						
ix)	Source of water supply is adequate, if not, then efforts made to augment it by Borewell or dugwell etc.,						
x)	Sanitation, Cleaning and general condition of overhead tank/sump well. Verify reports of OT test done by Sanitary Inspectors. Cross check done by RMO (OR)						
xi)	Collection of water charges at domestic rate where the supply is combine for hospital and staff quarters						
20)	<b>CONSTRUCTION &amp; GARDEN DEVELOPMENT</b>						
i)	Quarters available to all essential staff, if not, efforts made to provide or construct						
ii).	Efforts made to develop hospital garden						
iii)	Availability of adequate water supply.						
iv)	Arrangements to protect garden from stray animals						
v)	Decorative arrangements in garden such as showers, sprinkles						
vi)	Development of Children's park						
vii)	Display of Health Education slogans.						

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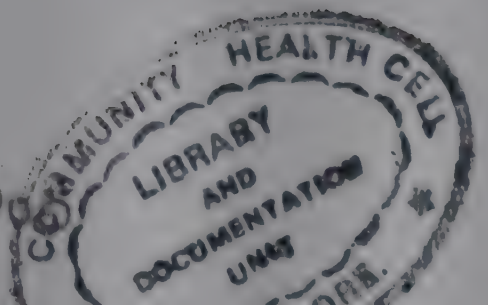


# Administration and outreach activities Component

TM-120

11/11/19

P







No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
<b>21)</b>	<b>OFFICE ADMINISTRATION</b>						
i)	Cash Book and Cash Verification once in 3 month by CS (Ascertain)						
ii)	Security Deposits collected from the staff working in Stores, Operation Theater, Cash Section, Outward Section etc.,						
iii)	Muster roll and Leave Account, Late Muster checked by Administrative Officer/Chief Administrative Officer						
iv)	Standing Order file neatly maintained						
v)	Maintenance of Service Books of all cadres						
vi)	Recurring & Non-Recurring Expenditure statements submitted in time to higher authorities as per schedule						
vii)	Efforts made to investigate the grievances and complaints received and corrective action taken.						
viii)	Efforts made for disposal of all E B L cases (files)						
ix)	Efforts made to settle the leave at local level and beyond power, proposals submitted to higher authorities						
x)	Maintenance of increment registers and scrutiny of pending advances, recovery etc.,						
xi)	Efforts made to finalise the Pension cases and appointment on compassionate grounds etc.,						
xii)	Compliance of Audit & Store Verification Paras						
xiii)	Pending Confidential Reports Cl.III, Cl.II and Cl.I						
xiv)	Local Purchases in comparison with total expenditure on Medicine not more than 5%						
xv)	Efforts made to settle reimbursement claims. verify the records						
xvi)	Hospital Advisory Committee formed. If not, efforts made to constitute it.						
xvii)	Names of Members displayed in OPD and Casualty Department						
xviii)	Regular meetings held as per guidelines, if not, efforts made for						
xix)	Action on the decisions made in the meeting or efforts made for their fulfillment						
xx)	Hospital Fees Collection (user charges) More than last three years average collection and State average collection : Either more than last three years average collection or state average collection : Y/N Less than both : Y/N (Tick one)						
<b>22)</b>	<b>OUTREACH ACTIVITIES</b>						
i)	Diagnostic and Operative Camps such as Yellow Card camps, Reconstructive surgery for Leprosy and burns patients, Dental Camps etc (except Cataract Surgery Camps), FPO camps (TO and LTO)						
ii)	Providing Specialist and super service to rural hospitals by adopting one or two TH/CH centres for providing specialist services for operative procedures on regular basis (Verify records)						
iii)	Inspections of Rural Hospitals (SC, PHU and PHC) in respect of referral system and National Health Programmes						

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No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
	needs to be inspected by CS or AMO twice a year and corrective action taken. (Verify the records) Inspection Proportionate target 100%: Y/N 80%: Y/N 70% : Y/N Below 70% : Y/N (Tick one)						
23)	RESEARCH ACTIVITIES						
i)	Operational Research study undertaken such as Exit Interviews of discharged patients, study undertaken to reduce patients waiting time, efforts made to investigate sources of infection, special ways of treating Burn cases, Investigation of maternal, infant mortality in hospital and remedy suggested based on the results etc or Paper presentations in various State and National level conferences.						
24)	INNOVATIVE ACTION In Order To Curtail The Expenditure such as analysis on medicine/bed/year, expenditure on diet/bed/year, linen/bed/year and corrective actions taken thereon.						
25)	DONATIONS.. In Kinds and in Cash, Prizes, Awards etc., received by Hospitals in last two years						

- Wherever the matter is complied put a '✓' in green colour and
- Wherever it is not complied put an 'X' mark in red colour



## MAINTENANCE OF MEDICAL RECORDS

No.	ITEM	Response as date of visit (Y/N) *					
		Date	Date	Date	Date		
<b>A</b>	<b>ESTABLISHMENT SECTION</b>						
1	Attendance register						
2	<b>Casual leave register</b>						
3	Service registers of employees						
4	Cash book register						
5	Encashment register						
6	Acquittance bill						
7	Contingency register (Abstract contingency & Direct contingency)						
8	Inventory register (for furniture, equipment, instruments) a. Separate register for KHSDP – Instruments, equipment, furniture, linen, utensils, provision b. Separate register for D H & F W						
9	Library contingency (small hospital library for quick reference work – journals, periodicals, books)						
10	Telephone directory (District nos./State nos./Local emergency – police, fire, railway, engineering, bus station, referral hospital) Stock book with Head of Accountwise. Eg. KHSDP, IPP, F W & H S						
11	Separate stock book of drugs - KHSDP, IPP, D H & F W a. Nearing expiry drug register (current month) b. Expiry drug register (yearly with date)						
12	Stock book of hospital necessities (Brooms; stationary, bulbs etc.)						
13	Memo books (office order books)						
14	Condemnation article register for unserviceable articles						
15	Electricity, telephone and water bills register or files and receipts register						
16	Telephone call maintenance register						
17	Log book for vehicles i.e., Ambulance, Jeep, Tata Sumo or any vehicle in the hospital (separate book for each vehicle)						
18	General receipt books (for collection of fees for medical certificates, leave certificate, physical fitness, inpatient certificate, discharge certificate, user charges, x-rays, operation, special ward charges, drugs etc.						

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No.	ITEM	Response as date of visit (Y/N) *					
		Date	Date	Date	Date		
<b>B</b>	<b>RECORDS FOR CLINICAL PURPOSE</b>						
	OPD services						
1	OPD registers						
2	OPD slips (outpatient tickets)						
	<b>Inpatient services</b>						
1	Inpatient or admission register						
2	General case sheets (medical, surgical, maternity, pediatric, ortho, ENT), medico-legal cases (accidents, poison, rape, fall, drowning, hanging, burns, snake bite, unnatural deaths, mass emergency disasters – medico-legal seal should be put on the case sheets) and diet sheet.						
3	Emergency and casualty services The following registers and sheets should be maintained. Accident register (MLC) Police intimation form X-ray requisition form Office memo Wound certificate Death form and death register for brought dead Post mortem register – Death occurred in the hospitals Night report book Written by duty CMO or duty doctor regarding drug availability, number of cases attended						
<b>C</b>	<b>STATIONARY FOR MATERNITY SERVICES</b>						
1	Maternity case sheets						
2	Antenatal cards and registers and OPD slips						
3	Birth register						
4	Emergency call book						
5	Carolex book						
6	Baby labeling						
<b>D</b>	<b>OPERATION THEATRE REGISTER</b>						
1	Major OT registers						
2	Minor OT registers						
3	HPE – specimen sending book						
4	Inventory registers – equipment, instruments, drugs, O2 cylinders, anesthetic cylinders, operation manuals for equipment, Boyle's apparatus, ICC equipment, biopsy forms Disinfection measure registers – Date, time and schedule of fumigation						

• Wherever the matter is complied put a '√' in green colour and  
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No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
	Swab culture – Done and their reports						
E	<b>LABORATORY AND BLOOD BANK</b>						
1	Inward register for receiving samples and their nature						
2	Work allotment registers						
3	Inventory book for reagents, chemicals, drugs, equipment						
4	Log book for major equipment – auto analyser, culture incubators, refrigerators, centrifuge, microscopes, microtomes, date and time of handling the equipment						
5	Reporting register of the investigations						
6	Instruction booklet for how to collect the samples (blood, urine etc.)						
F	<b>RADIOLOGY DEPARTMENT RECORDS</b>						
1	Inventory of equipment (60, 100, 300, 500 MA x-ray / ultrasound scanners)						
2	Log book of equipment and operational manuals						
3	X-ray requisition slips						
4	Separate register for medico-legal x-rays						
5	X-ray report register Ultrasound report register						
6	Instruction booklet for various invasive and non-invasive radiological examinations						
7	Appointment books for various procedures						
G	<b>PHARMACY SERVICES</b>						
1	Stock registers						
2	Separate issue books for each ward						
3	Separate book for receiving empty vials and bottles availability						
4	Display card of drug position – monthly, weekly						
H	<b>STATIONERY FOR EVALUATION PURPOSE (CLINICAL EFFECTIVENESS)</b>						
1	Hospital performance indicators						
2	Yellow card camp reporting formats						
3	Family planning services report formats – TO, LTO, IUCD, contraceptives						
4	Communicable disease report formats (monthly, weekly and nil report)						
5	Statistic report formats (daily, monthly death of hospital attended patients)						

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No.	ITEM	Response as on date of visit (Y/N) *					
		Date	Date	Date	Date		
I	HOUSE KEEPING						
1	Stock position of linen book – beds, pillows, bedsheets, blankets						
2	Stock position book – OT linen, OT gowns, patient gowns, patient sarees						
3	Labour ward linen						

Wherever the matter is complied put a '√' in green colour and  
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**Waste Management Practices in 30 - 100 bedded hospitals**  
(To be verified every month by District Surveillance Medical Officer)

HOSPITAL:

YEAR:

ADMINISTRATIVE MEDICAL OFFICER:

SNO.	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	White waste bins placed in each Consultation Room												
2	White waste bins placed in the Reception												
3	White waste bins placed in Waiting room												
4	White waste bins with white coloured polythene bag placed in X-ray room												
5	White bins with white plastic bag placed in Wards												
6	White & Black bins with respective colour covers placed in Pharmacy												
7	Needle cutter being used												
8	White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Laboratory												
9	White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Inj., Dressing Room												
10	Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Operation Theatre												
11	White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Labour Room												
12	White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Nurses Station												
13	Yellow bins with yellow cover placed in Mortuary.												
14	Waste reduction is in practice or not												
15	Disinfection used in adequate quantity, concentration & frequency in the bins used in Consultation, Reception, Waiting, X-ray, Wards Lab, Pharmacy, Inj., Dressing Room, O.T., Labour room, Nurses Station & Mortuary.												
16	Plastics like catheters, IV sets, bottles, drainage tubes, cannulas used in OBG Consultation Room, laboratory, Inj., Dressing Room, Ward, O.T., Labour Room & Nurses station are cut, disinfected and stored.												
17	Are the injections, ampules, bottles & similar glass articles collected separately and stored for recycling												
18	Waste paper is it being collected separately for recycling.												
19	Waste beign filled by the land fill												
20	Infectious waste being put into deep burial pit												
21	Are the plastic bags in which waste was collected are being kept separately after the waste is thrown into land fill or deep burial pit.												
22	Date on which the land fill was cleared												
23	Annual examination & immunisation against Tetanus, Hepatitis-B.												
24	Date on which the Hospital Infection Control Committee has met												
25	Refresher training conducted to staff												
26	Swab from OT sent for culture.												
27	Equipment like wheel barrow, pump, shovel etc., being used												
28	Waste handlers wearing protective gear												
29	Information - adequate availabe services												
30	Signature of the District Surveillance Officer												

Signature of the Administrative Medical Officer

**Note :** The District Surveillance Medical Officer put (✓) mark if the activity is correctly done and put (X) in red against activities not done/ incorrectly done. He will sign against all areas verified.

One of this sheet will be with the Distnct Surveillance Medical Officer and another copy will be with the Medicalofficer displayed in his chamber. Inspecting officers are expected to look into this sheet during their inspection and take corrective actio

- Wherever the matter is complied put a '✓' in green colour and
- Wherever it is not complied put an 'X' mark in red colour





# ANNUAL INSPECTION

## CHECKLIST FOR INSPECTION OF ALL CONCERNED SUB-ORDINATE OFFICES

### PART - I

#### SECTION - I

1. Whether tri-lateral indices has been prescribed :  
as per Para - 10 ?
2. Whether all the Registers are opened from 1<sup>st</sup> April :  
of each year (Para - 24) ?
3. Whether weekly arrears lists are prepared by each :  
of the case-workers regularly in Form - IV  
(Para-29) ?
4. Whether five bundle system as contemplated in :  
Para - 32 of the office procedure is followed ?
5. Whether circular files are maintained ? Is it on :  
subject-wise basis ?
6. Whether the current files are arranged properly as :  
contemplated in Para - 35 ?
7. Whether closed files are classified as contemplated :  
in Para - 50 and Para - 67 ?
8. Are periodical Registers maintained in Form-III :  
(Para - 20 ) ?
9. Is the case register maintained in Form-III :  
(Para - 21) ?
10. Are the case workers maintaining the case worker :  
diary in Form - XX (Para - 30) ?
11. Is call Book maintained in the prescribed Form-IV :  
(Para - 5) ?

12. Inspection :

- Whether monthly inspection by the Head of the Section done as per Para – 85 ? :
- Whether Annual / Monthly Inspection by the Head of the Office / Head of the Section done ? :
- Whether the Head of the Office periodical Visits to the Section and inspects the Tables. :

SECTION – II

1. General Receipt Register maintained in the prescribed Form (Para – 13 ) ? :
  - Are the papers registered in order of Receipt ? :
  - Are the prepared ones acknowledged by the officials and cross reference indicated against each entry ? :
  - Are the entries scrutinised periodically and by whom ? :
2. Are fair copying Registers in Form – VIII maintained by the Typists (Para – 59) ? :
  - Whether the entries are made regularly ? :
  - What is the volume of typing work As per the entries ? :
3. Is the despatch Register maintained in the prescribed Form – VIII (Para – 63) ? :
  - Whether column – 2 has been properly written ? :



Whether the stamp Register is maintained :  
in the Form – IX (Para – 64) ?

- Do the entries agree with the actual :  
Receipts and issues as verified from the  
Stamp Indents and despatch Registers ?
- Whether the stock hold tallies with the :  
balance shown in the Stamp Register ?

5. Is the local delivery book maintained in the :  
Form – X (Para – 65) ?

- Are acknowledgements obtained in the :  
Register ?
- Is there any delay in delivery of Tappals :

6. What are the improvements after the last :  
Annual Inspection ?

### SECTION – III – RECORDS

1. Is the furniture Register maintained in :  
Form-XVI and the particulars furnished in  
The appropriate column ?

- Are Sl.Nos. marked on each furniture :  
as per the entries in the Registers ?
- Are the articles of furniture purchased :  
or supplied accounted for, in the  
Register ?
- Whether Annual verification of furniture :  
Are made and Certificate recorded ?

2. Is there a separate Record Room available ? :
  - Are the records arranged properly ?
  - Whether specific dates have been fixed :  
for sending to Record Room ?
  - Does the record keeper maintain :  
Circular Files ?
3. Is the Record Register maintained in :  
Form – XI (Para – 73) ?
  - Is it maintained each year separately ? :
4. Whether the Record issues Register :  
maintained in Form – XIII by the record  
keeper for the issue of records (Para – 79) ?
5. Whether the case-workers requisitioning :  
old files from the records sending the  
requisition slips in Form – XII (Para – 78) ?

## SECTION – IV

### I OFFICE ACCOMMODATION

1. Is it sufficient for all the members of the :  
Staff ?
2. Is the seating arrangements made properly ? :
3. Is the building kept neat and tidy ? :
4. Is the building Government property ? :
5. Is it a Private building ? :
  - Has a Certificate of non-availability :  
Obtained from the Executive Engineer ?
  - Is it fair rent being fixed by the PWD :  
Authorities ?



➤ Is Competent sanction been obtained for :  
Payment of rent or is there by delegation  
Of powers in this regard ?

➤ Has rent been paid up-to-date and :  
Vouchers obtained ?

6. Are basic amenities for the Staff like lunch :  
room, drinking water, toilet, etc., available ?

## II ORGANISATION OF OFFICE

1. Is an organisation chart prepared showing :  
the Office, Branches, Sections and their  
functions ?

2. Strength of each section ? :

➤ Staff is distributed in Sections on the  
Basis of quantum of work, list of  
Staff enclosed.

3. Has copies of work distribution, Organisation :  
Chart put-up in all Rooms ?

## SECTION - V

### I ESTABLISHMENT

1. Is it maintained as per the Government :  
Orders ?

2. Is the ratio for direct Recruitment and :  
promotional vacancies maintained as per  
C & R Rules ?

3. Are vacancies classified as per the latest :  
Government Orders ?

## II SENIORITY LIST

1. Are cadre strength and C & R Rules :  
up-to-date for all cadres ?

➤ Seniority List

2. Has Seniority List been prepared and :  
finalised after calling for objections ?

## III SERVICE REGISTER

1. Whether previous Registers are :  
maintained in respect of all officials  
in accordance with Rule – 398 of  
KCSRs ?
2. Whether entries are verified and :  
certified as per Rules – 412 of  
KCSRs ?
3. Whether punishment awarded or :  
recorded in Para – IV of the Service  
Register with a copy of Order of  
Punishment ?
4. LEAVE :  
➤ Whether Earned Leave is calculated :  
and credit of the account ?

## IV INCREMENT

- Whether increments are sanctioned :  
as and when they accorded, if not  
reasons thereon ?



## **V CONFIDENTIAL REPORTS**

1. Whether CRs written / transmitted :  
on due date for all Government  
servants ?
2. Whether CRs Formats up-to-date :  
and well maintained ?
3. Whether adverse remarks, if any, :  
communicated ?

## **VI C C A RULES**

1. How many cases have been instituted for :  
Disciplinary action ?
2. In how many cases final orders have been :  
passed ? Details to be furnished ?
3. How many cases are pending for disposal :  
and reasons thereon ?

## **VII PROPERTY RETURNS**

1. Whether property returns / assets and :  
liabilities are obtained / transmitted and  
reviewed / scrutinised ?

## **VIII RETIREMENT**

1. Whether a list of Government servants :  
who attain the age of superannuation  
during the coming year been received  
and forwarded before 1<sup>st</sup> of September  
of every year ?
2. Whether prompt action has been taken :  
to retire officials from service on attaining  
the age of superannuation ?

## **IX     INSURANCE**

1.     Whether all the Government servants have :  
insured as per Rules – 56 of KGID ?

2.     Whether action has been taken to effect :  
insurance under the Rules in case of  
failure of making insurance ?

3.     In case where insurance is effected, is the :  
total premium for less than the prescribed  
list ?

X     Are the orders regarding reservations of :  
SC/S/BT/OBC being followed properly ?  
Both for first appointment as well as for  
Promotion ?

XI    Are the Annual Returns regarding :  
Reservations for SC / ST sent to the BS  
Regularly ?

XII   Are there any instances of delays in :  
Disposal of cases involving personal  
Claims of officials such as :-

➤ Promotion

➤ Increment

➤ Leave

➤ Advances

➤ Pensions

➤ Appointment of Direct Recruits selected by the PSC / DRC

XIII Are staff Meetings held regularly and :  
Proceedings drawn up ?



IV. Whether gradation list in respect of each :  
Cadre of the Dept. has been published as on  
1<sup>st</sup> January, each year ?

XV. Are the sanctioned posts sufficient ? :

i. Is there any surplus staff ? :

ii. What is the percentage of expenditure :  
on establishment vis-à-vis Total budget  
provision for the Dept. ?

## SECTION – VI – ACCOUNTS

### I. Cash Book :

1. Whether the cash book is maintained in :  
prescribed Register ?

2. Whether the cash book is written from duty :  
day and the entry relating to each item either  
receipt or expenditure being made simulte-  
neous with the transaction ?

3. Whether the cash book is daily attested by :  
the Officer ?

4. Whether the procedure laid down in :  
Article-336 of KFC regarding safe  
Custody of cash followed ?

5. Whether the procedure laid down in :  
Article 339 of KFC regarding Custody  
of duplicate keys of cash sheet is followed ?

### II. ACQUITTANCE ROLL :

1. Whether the acquittance roll is maintained :  
in the prescribed Register ?

2. Whether bills are drawn separately for :  
permanent and temporary establishment ?



3. Whether acknowledgements are obtained :  
stamped, noted as paid under each  
attestation of the Officer with date of payment ?

### III. DEDUCTION FROM BILLS

1. Whether separate Registers are :  
maintained for noting the deduction on  
account of each fund ?
- a. House Building Advance :
- b. Loan Scholarships and other :  
Educational Advances.
- c. Bi-cycle Advance :
- d. Other Advances :
- e. Miscellaneous Advances such as :  
value of sites due.

## SECTION VII - MISCELLANEOUS

### FUNCTIONS :

1. What are the objectives of the Office ? :
- Whether there is proper work distributions:  
among the Staff ?
2. Whether there is adequate delegation of :  
Powers
- Whether these powers are exercised :  
Propriety ?
3. Checks on delays ?
- Whether periodical inspections are :  
Conducted regularly or not ?



- What is the arrangement made to check :  
the heavy consumption of powers and  
files ?
- As long pending cases list exchanged :  
Between Govt. and Liason Officer  
Visited to clear pendency ?
- 4. Is there a Library section ? If so, are all :  
Acts, Rules Reports, Manual, Circulars,  
Checked and issued for reference ?
- 5. Is there a information centre, if so, how :  
Public needs are attached ?
- 6. What are the objectives of the Office ? :
- What are the Plan Schemes ? :
- What are the Non-Plan Schemes ? :
- 7. Redressal of Public Grievances :  
  - What arrangement is done in this :  
Regard ?
  - Is Suggestion Box kept in the Office ? :
  - Is there a Visitors Room for Public ? :
  - How far and to what extent Kannada :  
has been adopted for Office use ?
- 8. Suggestions for improvement and for :  
quick disposal of work.



